



## KSFHP Client Rights and Responsibilities

KSFHP strives to provide comprehensive and preventive health care to farmworkers and their dependents. In order to maintain optimum communication, closer patient/provider relationships, and efficient care, KSFHP presents the following Rights and Responsibilities for you and your family. The Program's Website address is [www.ksfhp.org](http://www.ksfhp.org).

### CLIENT RIGHTS

I have the right:

- ❖ To be treated with respect and have my concerns acknowledged.
- ❖ To expect personal information and information about my health treated confidentiality by KSFHP staff and providers.
- ❖ To be assigned a provider who is in charge of my care if I have multiple health problems, or am seeing specialists or hospitalized.
- ❖ I have a right to have a family member or friend by with me to speak up for me and help get things done.
- ❖ To be informed of tests, treatments, including prescriptions and how that will help my health. Regional case managers and health promoters can facilitate communication with providers.
- ❖ To receive in understandable language adequate information from my provider concerning my diagnosis and its related treatment. Regional case managers and health promoters can facilitate communication with providers.
- ❖ Be told of all my options to allow me to make my own personal decisions regarding my health care. Regional case managers and health promoters can facilitate communication with providers.
- ❖ Be told about policies and procedures, fees and charges for services made by the provider and to receive an explanation about my service charges and co-pays.
- ❖ When referrals are made to other agencies, I should receive an explanation of my responsibilities.
- ❖ Not to be discriminated against because of race, religion, national origin, language, sex or age.
- ❖ To be heard if I have suggestions or complaints. I understand that I may contact my regional case manager or the KSFHP Director at [ctreaster@kdheks.gov](mailto:ctreaster@kdheks.gov), (785) 296-8113 to communicate suggestions or complaints.

## CLIENT RESPONSIBILITIES

I have a responsibility:

- ❖ To provide the following information:
  - Basic information to KSFHP staff to determine eligibility for KSFHP.
  - Updated information to my KSFHP case manager and providers when there are any changes in address, household information, and financial status or if leaving the area. I understand that if I provide false information I may be made ineligible for the program either temporarily or permanently.
  - Information about my health to KSFHP providers, including any past or present abuse of pain medication.
- ❖ To make and keep scheduled appointments and arrive on time. Should an emergency occur I will contact the provider to cancel and if possible reschedule.
- ❖ In cases where insured, to assure that Medicaid coverage or other insurance is up to date and active, and that insurance cards are brought to appointments.
- ❖ If uninsured, to take a KSFHP voucher to all appointments (arrange for vouchers ahead of schedule unless on weekend hours or in cases of same day appointments).
- ❖ I understand if I miss two scheduled appointments within six months I may be suspended from voucher covered services for the upcoming six months.
- ❖ To cooperate with all health and KSFHP personnel and to ask questions if I do not understand.
- ❖ To treat all KSFHP providers and staff with respect and I understand that complaints about disrespectful behavior will be taken seriously.
- ❖ To pay all co-pays or payments including the following:
  - The established co-pay for my primary care provider.
  - Fifty percent of dental services (after the program pays the first \$100) and anything over the \$300 total KSFHP may provide annually.
  - Co-pays negotiated as part of specialist care.
  - The first \$5 of each prescription and anything over the \$50 covered by the KSFHP voucher for pharmacy.
  - Any service costing over \$150 without prior authorization.
  - Payments for services NOT covered by KSFHP.
- ❖ I understand that I have ultimate responsibility for paying bills.
- ❖ To contact assigned my regional case manager before changing my primary care, medical or dental providers. I agree not seek care with multiple providers (not including specialty care) without consultation with my regional case manager.
- ❖ Ultimately I understand that my health is my own responsibility and that I should be proactive with regards to my needs.